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Account of Medical Work among Refugees
in Russia during the War.

In choosing the above subject upon which to write a Thesis I am painfully aware of the fact that it covers a very wide field, and I can only hope to give a brief outline of an intensely interesting experience both from a medical as well as a social standpoint. I propose to give a short account of :-

- I. Locum Tenancies in two Russian villages under the Zemstvo during the illness of the Doctors.
- II. The opening of a Hospital for Refugees at Chulpanova, and work carried on there by our unit.
- III. The relationship of the habits of the peasants to the prevalence of disease.

The description of cases is necessarily somewhat lacking in detail as any notes I had taken were confiscated at the Swedish frontier on the return journey.

In June 1916 I found myself in the company of seven sisters embarking for Russia to work among refugees under the auspices of a Triple Alliance whereby Russia provided hospital buildings and equipment, England provided doctors and nurses and the "Britain to Poland Fund" paid expenses.

We journeyed to Petrograd via the North Sea, Norway, Sweden and Finland. One of our travelling companions/



companions was Protopopoff the then President of the Duma who although very courteous gave me the impression of being very suspicious of our intentions in Russia. On arriving at Petrograd I was informed that orders had been given by the Zemstvo that the oldest and ugliest of the women doctors was to be sent to the Tartar district of Kazan Province in the East of Russia, ^hwith_her most of the refugees had been drafted, in order that they might help in bringing in the harvest. As only five units had been sent out and the other four were installed in hospitals in Kazan city, Petrograd and Galatia, there was no competition for the post of "oldest and ugliest", and I was sent on alone to Kazan while the sisters were despatched to different units.

The station at Petrograd had been taken possession of by the refugees who were encamped all over the platforms, some cooking meals, some sleeping and all with their little bundles of worldly possessions done up in coloured handkerchiefs. Some of these peasants waited weeks before they could board a train for Kazan and one of our units "The British Womens' Maternity Hospital" at Petrograd did good work in starting a large feeding depot in connection with the Hospital where hundreds of refugees were fed daily. The journey to Kazan city which is situated about 600 miles east of Moscow took two days/

days, and on arriving there I visited one of our units which had opened a Fever Hospital for refugee children. Next day accompanied by a nurse and an interpreter I proceeded via the Volga to Tchistopol to the house of Naratof a member of the Zemstvo who was superintending the organisation of the work. He informed me that our hospital was not yet fully equipped and that he proposed to send me to a village called Isgara some 60 miles from Tchistopol to do locum tenens for a Russian doctor who was ill.

Description of Locum Tenancy at Isgara.

Accordingly the three of us set off for Isgara in a peasant cart travelling 60 miles across wheat fields over a very rough track full of ruts, sometime several feet deep. This mode of progression especially on a broiling hot day such as this was decidedly uncomfortable. The lurching of the cart was so violent as to cause actual sickness, and it was necessary for us to be continually jumping down to assist the driver to pick up a wheel. These have a nasty habit of falling off at awkward moments. Eventually we arrived at our destination and were greeted and escorted by the entire population of the village to a three-roomed wooden hut which was devoid of furniture but alive with vermin. Next day we inspected/

inspected the hospital which was situated a field's breadth away from our abode. It was a long brick bungalow with a corridor running down the centre from which small wards branched off on either side - four wards containing four beds each, and two smaller wards containing three beds each. There were two operating theatres, one for clean cases and one for septic ones which were well equipped with instruments but with no sterilizer and no water supply. There was no bathroom for the patients, but outside the hospital there was a little wooden hut heated by steam where the Staff were allowed to perform their ablutions every Saturday. The Hospital had no water supply, and water which was very little used had to be brought from a neighbouring well in buckets. There were two earth closets in the hospital which were used alike by infectious and non-infectious cases - the use of bedpans being unknown. The out-patient department was situated in a wooden building adjoining the hospital, consisting of one large room in which the Doctor interviewed the patients, the dispenser mixed medicines and the sisters did dressings. We found everything in the hospital in the most appalling state of filth. The bedclothes and patients were thick with dirt and very verminous, and on making enquiries we discovered that it was an unheard/

unheard of occurrence for patients to be washed or bathed whilst in hospital, and no beds were ever made. The windows were all kept shut although it was extremely hot. Flies were clustered thick everywhere and the patients bread and sugar ration for the day was just dumped down on a wooden locker beside the bed and left there for the insects to devour. We next looked round for the nursing staff and discovered two old Russian women with whom later we became great friends. One was a trained nurse and the other had indulged in three or four years medical training and was called a "Feldtseritza". In Russia they have a system whereby both men and women can take this partial medical training and are then sent to assist doctors in the country districts. There were also two Austrian officers in the Hospital, prisoners doing duty as Orderlies, who however flatly refused to assist in the work of the hospital, so I managed to get them replaced by two Russian Ward Maids. During our stay at Isgara the daily routine was pretty much as follows:-

6 a.m. carts of all descriptions began to collect around the Out-patient department.

8.30 we crossed the field to the hospital and made a round of the wards.

9.30 proceeded to out-patient department where by this time there were usually between 100 and 150 peasants/

peasants waiting to see the doctor. I interviewed them by the help of the Interpreter and either admitted them to Hospital, prescribed for them or handed them on to the sisters for dressings. The dispensing was done by the Feldtseritza. At first I experienced considerable difficulty in writing prescriptions in the Metric System and soon discovered that we could save time by making stock mixtures. The drugs were all labelled in Latin and it was sometime before I could get used to the fact that Cornutum Secale and Ergot were the same drug etc. The majority of the cases in this district were either of a tubercular or syphilitic nature, whilst wounds were also frequent from the use of very primitive agricultural implements. On beholding these numerous filthy, foul-smelling ulcers and wounds dressed with cows-dung or leaves I did not feel envious of the sisters whose duty it was to dress them. It was useless to foment these cases unless patients would consent to remain in hospital so we cleaned them up as well as possible with iodine baths etc., and used chiefly Ichthyol, Iodine and occasionally Iodoform dressings. The patients were very good on the whole in coming back frequently to have their wounds dressed and we had splendid results from the Ichthyol dressings. A large number of the tubercular cases/

cases would have been the better of operative treatment, but I learned that there had not been an operation in the hospital during the last ten years and realised that, under the existing circumstances any doctor who attempted to perform an operation would be asking for trouble. However on the following occasion I was forced to operate -

Case of Scythe wound complicated by
moist Gangrene.

A Polish refugee aged 38 drove in from a village about 30 miles away to have a small wound on his foot attended to. The wound had been received from a scythe whilst working in the fields. It had been dressed with mud. On examination it was found to be a small superficial incised wound on the dorsal aspect of the right foot. It was treated by soaking in a strong Iodine bath and applying a Hydrogen peroxide dressing. The patient refused to remain in hospital, but promised to return next day for dressing. A week later he returned looking very ill and feverish. All the toes on the right foot were black with bullae on them - the whole foot and ankle was swollen and puffy and red lines were spreading along the course of the lymphatics up towards the knee joint. A line of demarkation was forming on the dorsum of the foot over/

over the tarso - meta tarsal joint. I sent for the man's wife and asked permission to amputate the limb which was refused. Next day in spite of hydrogen peroxide injections above the level of the inflammation the limb was more swollen and crepitant and the inflammation had spread to the knee joint. The patient's general condition was decidedly worse. He was wildly delirious, his temperature was 102', his pulse very weak and too rapid to count. I interviewed the wife again and was this time granted consent to perform the operation, and taking the patient into the theatre we put him under ether anaesthesia, wrapt the lower limb in carbolic towels and amputated through the middle third of the thigh by the circular flap method. I was afraid the patient would die on the table so after drawing the muscles rapidly together over the stump I inserted the drainage tube across the wound and stitched the flap edges together. The patient was back in bed within 20 minutes and in a few weeks time was hobbling round the hospital after me on crutches demanding in a loud voice that I should give him back his leg. We managed to appease his wrath by promising to send to Moscow for an artificial limb.

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One very hopeful aspect of the work here was that the peasants had a wonderful store of recuperative powers. On many occasions patients would make splendid recoveries after they had been given up as hopeless.

The mornings in the out-patient department were very long usually going on until 2.30, and very trying to the nerves, but fortunately we were all blessed with a strong sense of humour and my efforts at curing sick pigs, cows etc. of which there was usually a sprinkling among the out-patients called forth great merriment from the sisters. In the afternoon there would most likely be a call or two to make, probably entailing a bumpy drive of about 20 miles. At 8 o'clock we made another ward visit and then left the hospital for the night in the care of the Russian sister and ward maids. At the end of this locum tenancy we returned to Tchistopol to replenish our provisions and receive further orders. Monsieur Naratof informed us that our own hospital was still not ready for occupation, and he proposed to send us to another Russian village called Petropavlosk to act as locum tenens again. I commandeered two more English sisters and we trekked across country for another 60 miles through fields of wheat, corn and flax arriving at our destination in/

in the evening. Here we found the hospital was built on the same lines as the one at Isgara, but it was much cleaner and more healthy. It was built on a plane with hills behind, a small river in front and miles of marshy ground all round. I soon discovered that we had landed in a veritable hotbed of Malaria. There were four German prisoners working as orderlies in the hospital and they did excellent work. They took a keen interest in the work, were always obliging and keen to help, anticipated all our wants, did all the dirty work of the hospital in a very thorough way and altogether were very different from the Austrian orderlies at Isgara. The outpatient department here was even more lively than the one at Isgara. Usually about two hundred patients came up daily out of which about fifty complained of malaria. In 1918, and 1919 whilst attached to the R.A.M.C. in Egypt I had charge of the malaria wards in the 31st General Hospital at Cairo, and was much struck by the severity of the disease as compared with the mild type I had met at Petropavlosk where, apart from a well-marked anaemia and occasional shivering attacks the disease did not tend to leave any bad effects. Whereas in Egypt when the malarial attacks were over the soldiers very frequently showed marked nervous and cardiac disorders especially/

especially disorderly action and valvular disease of the heart. Of course this may be accounted for by the fact that the soldiers were usually run down and debilitated before they contracted malaria, whereas the Russian peasants were very hardy and did not over exert themselves. Also they did not smoke much as they could not afford to buy cigarettes or tobacco.

During our stay at Petropavlosk there was an epidemic of diphtheria amongst the children. As there was no isolation hospital I took a large empty house on the outskirts of the village and installed twelve little patients there in the charge of a German prisoner who nursed them very carefully. I injected them all with a minimum dose of 8000 units of anti-diphtheritic serum and visited twice a day with a nurse to syringe their noses and throats with hydrogen peroxide. They all made excellent recoveries. The following case was especially satisfactory -

Case of Laryngeal Diphtheria.

Olga Petrovna aged 3 years was brought to hospital croaking with Laryngeal Diphtheria. She was very restless, cyanosed, exhibited marked paroxysmal dyspnoea and could only speak in a hoarse whisper. On examination false membrane covered both tonsils. I determined to avoid performing tracheotomy/

tracheotomy if possible, so started off with an initial dose of 20,000 units of serum. I isolated the child in a small side ward with a special nurse. Hot fomentations were applied to the neck, a bronchitis kettle was rigged up and the patient stimulated occasionally with 30 minim doses of brandy and small draughts of oxygen. Next day the child was neither better nor worse so I ventured to give a second dose of 30,000 units of serum. On the third day the child developed a copious serum rash but her colour and dyspnoea had improved considerably and she was expectorating false membrane freely. On the fifth day she was quite convalescent and in another week her mother took her home.

The only two deaths which occurred from diphtheria were the following cases which had no serum treatment. A peasant woman from the Tchuvash tribe came up to the out-patient department with a baby of two years suffering from diphtheria. I immediately began to prepare to give it an injection of serum whereat the mother picked up the child and fled calling out "that she wasn't going to have any needle put in her child". A few days later she returned with a second child suffering from diphtheria, the first one having died. Again she flatly refused to allow me to inject serum. I promised her that if she would leave the child with us we would/

would try to cure it without the use of the needle, but she wouldn't trust us. Finally I gave her a tonic and instructions how to nurse the child. Two days later she re-appeared with a third child, the second one having died in the interval. This time she was weeping bitterly and implored me to put the needle in the child. I gave it 8,000 units of serum admitted it to hospital and allowed the mother to stay and help to nurse it. The child made a good recovery and the mother is now a firm believer in "the needle".

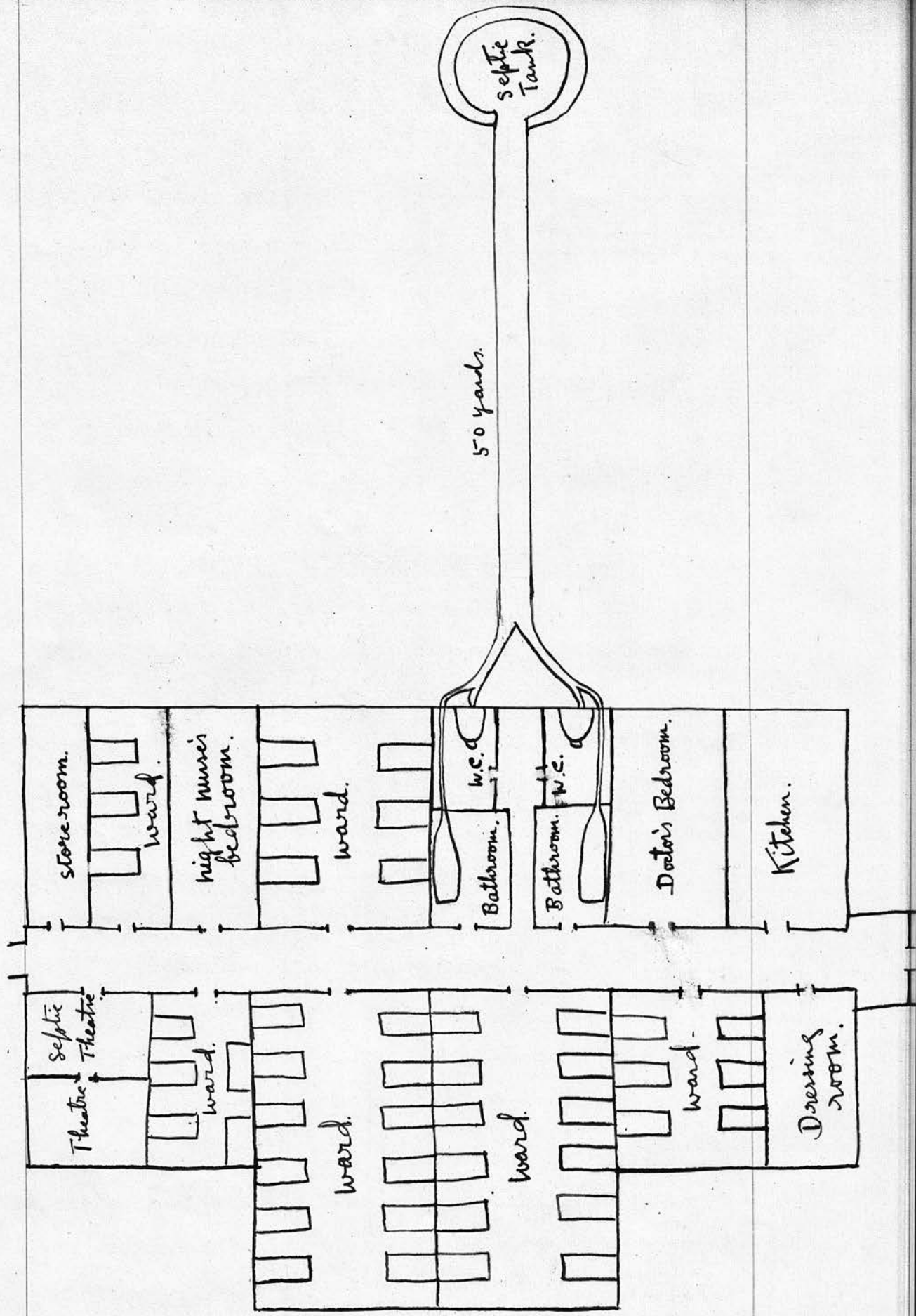
After working at Petropavlosk for six weeks orders came through that we were to proceed straight to Chulpanova to open the hospital for which we were originally intended, so we set out to trek a 100 miles across country, through rolling planes of wheat and dark forests. On the way we passed through a Tartar village where the inhabitants looked decidedly hostile and accused us of being "Germansky". We informed them that we were not Germans but the "Anglichanky" friends and allies of the Russians. They seemed rather mystified at this as they had never heard of England so we proceeded to give them a Geography lesson. At this time one of the sisters and I were taking turn about to head the cavalcade on/
on/

on horseback as the continual driving grew monotonous. The Tartars next inquired whether the thing on the horse was a man or a woman. On being informed that it was merely a harmless woman they allowed us to proceed on our way.

Hospital and work at Chulpanova.

On arriving at Chulpanova we found a beautiful new hospital which had been built three years previously but never opened owing to the shortage of doctors. The hospital was built on the banks of a tributary of the Volga about a mile from the village. It was built on the same plan as the other hospitals only differing in a bad attempt at more modern sanitation. There were two large bathrooms with English baths in them fitted with cold and hot-water taps which on being turned on emitted a stream of semi-fluid red mud which gave the bather an invigorating glow and the appearance of a Red Indian. This was due to the pipes being made of uncoated iron. In winter of course, the pipes were frozen and no water could be had except by carrying it up in buckets from the river. There were two water closets from which the refuse drained into a septic tank.. This place was cleaned out periodically every month during which/

Plan of Hospital at Chulpanova.



which performance it was advisable not to come within a five mile radius of the hospital. The accompanying diagram is a rough sketch of the plan of the hospital. The ventilation of the hospital was very inadequate during the winter months when no windows could possibly be opened. It consisted of a few ventilators placed high up on the walls.

Our unit had now increased to 14 in all consisting of a Scotch matron, a dispenser and V.A.D. from Edinburgh, four English sisters, a Russian lady interpreter who had just returned from 11 years exile in England owing to having previously taken an interest in the condition of the peasants, 4 Russian students who were red cross officers, a Russian ward maid, (Sedelka) and myself. With this Staff we started work. An official opening of the hospital took place when a priest came and blessed every room in the hospital with holy water and then proceeded to sprinkle the Staff individually. The villagers present wept copiously all through the service. We soon discovered there was far more work than we could cope with satisfactorily as there had been no doctor in this district during the last three years, and the hospital drained an area of 40 square miles dotted with numerous villages. It has been estimated that in Kazan Province there is only one doctor, one hospital/

hospital and one mid-wife, provided by the Zemstvo for every 48,000 people. The peasants in our district were mostly Tartars and Tchuvash, the latter being a very primitive and ignorant hill tribe whose women-folk wore tartan kilts with a sporan at the back instead of the front. There were also numerous Polish refugees scattered about in different villages. They were a much more intelligent and cleanly people than the Tchuvash and Tartars. The hospital was run in much the same manner as the ones at Isgara and Petropavlosk. The Russian students were invaluable. They superintended the Commissariat Department, Stores, Laundry, Stables, acted as Interpreters in the Hospital, and one of them always accompanied me on dangerous errands armed with a pistol and a sword! I had the greatest admiration for the economical and yet thoroughly satisfactory way in which they catered for the staff and patients. The food was of the plainest but always fresh and tempting and never in my experience have I come across such wonderful cooking. In Russia cooking has been reduced to a fine art. The only food stuffs which we had any difficulty in obtaining were meat, milk and fruit. However we had any amount of eggs, chickens, cereals and cabbages, and we usually managed to get a certain amount of goats' milk for the/

the patients. Within a few days of opening the hospital the forty beds were all occupied, and by dint of making straw mattresses and placing them on wooden trestles we managed to squeeze in another twenty beds.

The Out-patient Department.

This was situated a stone's throw from the hospital. It was a wooden building divided into a tiny consulting room, a dispensary, a large room for dressing wounds and a small room which we used for treating eye cases. It was heated throughout by stoves in the walls, which method was also adopted in the doctor's house and hospital. The stoves were like ovens let into the wall. Logs of wood served as fuel and the door of the stove was always kept tight shut to prevent the heat and fumes from being radiated outwards. After going the rounds of the wards in the morning I went over to the out-patient department about 9 o'clock with two sisters, the dispenser and the interpreter. Here there were usually between 100 and 200 patients waiting for us, and during the next five hours we were kept very busy. I found it very trying working with an interpreter as the one thing an interpreter cannot be induced to do is to interpret. She will hold long conversations/

conversations with the patients and after ten minutes or so she will turn round and "inform you that the patient is suffering from rheumatism! However, I soon picked up enough Russian to manage fairly well by myself just calling in the interpreter when I was in difficulties. This saved considerable time. The majority of patients were old men, women and children and German and Austrian prisoners who were working on the neighbouring estates. The language difficulty was very great as the following languages were all spoken - Tartar, Russian, Tchuvash, Austrian, German and Magyar. The chief diseases in this district were Trachoma, tuberculosis, syphilis and scabies.

Trachoma.

It was a quite common occurrence to have 30 cases of Trachoma in one morning in all stages of the disease. Not having had previous experience of the disease I followed out the treatment adopted by the Russian doctor whom I relieved at Petropavlosk.

Acute Trachoma. - Approximately one in every ten cases of this disease was of the acute variety. The patient invariably gave the same history "I was working in the field when something went into my eye". On examination there was no foreign body to be seen in/

in the eye. The patient kept the eye semi-closed on account of photophobia. The conjunctiva of the cornea was usually injected and on everting the upper lid there was always marked inflammation and roughening of the conjunctiva with copious discharge of pus. The treatment given to such a case was as follows:- Everting the lids with gloved hands, paint with 2% solution of silver nitrate by means of a match covered at one end with cotton wool. The patient was then instructed to come up twice daily for the insertion of 4% protargol drops. She was also given zinc sulphate drops to be used three times a day, boracic lotion and cotton wool to be used every half hour! If only one eye was affected the healthy one was covered with a shield to prevent it becoming infected. If these early cases came up regularly for their protargol drops there was usually no sign of Trachoma at the end of a fortnight.

In cases which had been going on for several days before coming to hospital the prognosis was not so good. The patient gave the same history but complained of marked irritation, photophobia, pain, feeling of grittiness in the eye and disturbance of vision. On examination the upper eyelid was drooping and edged with sticky pus. A small filmy deposit/

deposit could be seen spreading inwards from the edge of the cornea. On everting the upper lid there were well marked elevations on the conjunctiva. The treatment of such a case was pretty much the same as above though it was usually necessary to paint the lids every few days with silver nitrate solution. These cases used to leave us more or less cured, but they showed a great tendency to discontinue treatment too soon and return in about a fortnight as bad as they were at the beginning.

Chronic Cases.

These were very numerous and exhibited every kind of complication. The typical chronic case was as follows:- On first glancing at the patient what struck the observer most was his apparently small eyes and absence of eye lashes. On closer examination it was usually found that the conjunctiva of the lid had undergone cicatricial contraction becoming pale and crossed by whitish cicatricial bands. The lid had become drawn inwards owing to the cicatrization, and often the few remaining lashes were inverted causing irritation to the corneal surface and perhaps producing corneal opacities with more or less permanent impairment of vision. The cornea looked dry and withered and the whole appearance of the eye was shrunken. The treatment of such a case/

case was chiefly directed towards ~~alleviating~~ symptoms, such as pulling out the inverted eyelashes to relieve irritation. Often in an earlier chronic case, not complicated by corneal ulcer, the application of copper sulphate stick to the lids was found very useful, and an ointment of 2% copper sulphate applied at home. But these cases required months of treatment and it was extremely difficult to get the patients to come up regularly to hospital, so results were not always so satisfactory as they might have been.

Complications.

I. Pannus - frequently met with. In most cases it resolved but often went on to corneal opacities.

II. Corneal Ulcers - very common. The treatment consisted in blowing calomel on to the ulcer at frequent intervals and giving a boracic eye wash. The results were fairly satisfactory.

III. Trichiasis - very common.

IV. Ectropion - not common in any very marked degree. I remember one case of an old Tartar with complete eversion of the lower lids giving him a very repulsive appearance. This case I sent to the eye hospital at Simbirsk a 100 miles away for operative treatment and did not see the result.

V. Iritis - was a very painful but luckily not a very common complication - in the acute stages it was treated with drops of 1% solution of Atropine twice daily and an eye-shade with good results.

VI. Xerophthalmos - this final and dreadful complication was only too common. Almost every day a blind person would be brought from some distant village and it was pitiful to hear their relations offering me gold and jewels if I would only operate and make the blind person see.

Looking back on these cases of Trachoma I feel that the results on the whole were not very satisfactory, but considering the difficulties in the way of treatment it is hardly to be wondered at. Can you blame an underfed, underclad peasant for not turning out every morning to drive a horse consisting of skin and bone 30 miles across the snow at a temperature ranging between 10 degrees and 30 degrees below Zero? They could not be given protargol to take home with them as they would probably have given it to the baby to drink in their ignorance. Nor yet could they be taken into hospital except in an occasional case complicated by acute Iritis.

Trachoma will never be stamped out in these districts/

districts until eye hospitals have been opened throughout the country and treatment is made compulsory. It is no use trying to treat the disease otherwise.

Tuberculosis.

A large proportion of the population in this district was tainted with tuberculosis. Approximately about 10% of the out-patients were suffering from this disease. It affected mostly the Tartar peasants who lived if possible, in even more crowded, dirty and unhygienic surroundings than the Russians. Among the adults it nearly always took the form of pulmonary tuberculosis, whereas in the case of the children the disease was much more general, affecting bones and joints and often ending fatally in miliary tuberculosis. For the pulmonary form nothing much could be done except to try to relieve symptoms with drugs such as Cresote and give advice which the patients were quite unable to follow. The children were usually in a very advanced stage when they were brought up to hospital but occasionally I tried operative treatment such as scraping and packing a sinus with iodoform paste or establishing through and through drainage in a tubercular joint. But in cases where a limb was absolutely useless the parents would never give their consent to amputation. The following/

following case which I will attempt to describe will give a vague idea of the type of case met with quite often in a district where there had been no medical adviser for over three years.

Case of Miliary Tuberculosis.

A peasant came to the hospital with his cart and took me to a village ten miles away to see his little girl "Pasha" who had been ill for two years. I entered a bare dirty hovel and saw a little bundle of filthy rags lying on a corner of the floor. The stench proceeding from this bundle was indescribable. On investigating matters the bundle was found to contain a little girl of about 4 years old, very small and emaciated with the face of a little old woman all lined and drawn with suffering. I gingerly lifted off the rags and found she was covered with large green leaves somewhat resembling laurel leaves. On removing these streams of pus ran in all directions. The child was lying curled up with her knees almost touching her chin and the mother informed me she had lain in that position for over a year. She couldn't stand with her tubercular ankles and she couldn't sit on account of sores on the buttocks, and she had become contracted in this position. I prevailed upon the mother to allow the child to be brought to hospital/

hospital so that we could try to alleviate her suffering and she was soon lying in a comfortable bed for the first and last time in her life. On closer examination there were two sinuses in connection with the lumbar vertebrae, sores all over the body which from their appearance suggested a mixed syphilitic-infection, tuberculosis of both ankle joints and the right knee. The abdomen contained free fluid and a gland could be felt near the umbilicus. The lungs shewed patches of consolidation.

Course of Disease - The child suffered from violent diarrhoea and ran a very intermittent temperature. In spite of everything she had a voracious appetite. We all hoped she would die quickly, but instead of that she lingered on for three weeks in the same condition and then her mother insisted on taking her home again where she lived for another month.

Scabies.

This disease was extremely common especially amongst the Tartar element of the community. Approximately about 20% of the out-patients came complaining of "itching". Every morning a stream of big Tartars would invade the Consulting room,, each with a pail, frying pan or vessel of some kind, and the usual history/

history on being interpreted was as follows:- "I am scratching all over and I have thirteen little ones at home all scratching", and they would hold out their hands for my inspection covered with scratch marks. On closer examination little papules and pustules could be seen usually between the fingers and on the extensor aspect of the limbs. There were three tremendous jars of Wilkinson's ointment which is chiefly composed of sulphur and tar and is very popular among Russian doctors for the treatment of Scabies. These jars were three feet in diameter and four feet in height so we filled the frying pans etc. and gave minute directions about scrubbing all over with nail brushes and sopa, and boiling their clothes etc. The Tartars would go away looking very pleased with themselves only to return again in a weeks time with another frying pan and the story that the ointment was finished and the scratching no better. This made me suspicious as it has been my experience that if the treatment of Scabies, although very laborious is thoroughly and conscientiously carried out the disease should, at least, be greatly improved at the end of a week. I therefore made a point of visiting a few of these homes. Sure enough there was usually about thirteen dirty/

dirty little urchins all scratching as hard as they could. On asking the mother about the treatment I found there was usually no soap in the house and the nail brush or in fact brush of any kind was unknown. Also how could she boil the children's clothes when they had no others to wear, or the bedclothes when there weren't any to boil? I then inquired as to the fate of the ointment and was informed with a cunning smile that it made an excellent lubricant for cart wheels! In the present state of affairs in these villages it was no good at all trying to cure Scabies. The people have become used to it and they would not be happy now if they weren't scratching.

Infectious Diseases.

In these villages there are frequently very bad epidemics of Smallpox, typhus, cholera and typhoid fever, but although our unit was given to understand before leaving England that we were going out to work amongst epidemics of cholera, smallpox and typhus I only saw one case of cholera, a few mild cases of typhus and no small pox at all.

Cholera - The following is an account of the only case of cholera I came across - A call came to a Russian village 20 miles away from the hospital to see a child who was very ill. On arriving at the hut/

but the mother informed me that she had lost two children the day before. They had been seized with violent diarrhoea and had died suddenly. Now the only remaining child had been taken ill the same way. The patient was a little girl of about ten years old. She was in a moribund condition, very much emaciated and lying in a state of extreme collapse and exhaustion. Her face was grey and pinched with sunken eyes and hollow cheeks. She was passing frequent stools of greyish white matter flaked with mucus and complained constantly of thirst and pains in the legs. It was obviously out of the question to remove the child so I gave the mother instructions how to nurse her and some medicine. The child died a few hours later and we disinfected the house by means of burning sulphur and a liberal use of strong lysol. No more cases were reported to have occurred.

Smallpox.

Strict measures were taken by the Russian Authorities to prevent the refugees from causing outbreaks of smallpox. Each doctor working in country districts where refugees were being drafted was given orders to vaccinate every refugee in his district. I set forth accompanied by a sister and an/

an interpreter to visit all the surrounding villages having first procured the names and addresses of all refugees. We found them all, men, women and children extremely willing to be vaccinated, and in addition to the refugees hundreds of Tchuvash peasants came and begged us to vaccinate them also. At the last village to be visited it had been arranged that about 200 refugees were to meet in the schoolhouse for vaccination. On arriving there, I found, to my amazement, that only 50 had turned up. On making enquiries I was informed that some stranger (German-sky) had been round the houses the day before telling the refugees they must refuse to be vaccinated as it was a very dangerous process. However, I visited the houses also and vaccinated them in spite of the stranger's efforts. At Chulpanova it was evident that there had recently been a severe epidemic of smallpox as there was hardly a peasant in the village whose face was not pitted.

Typhus.

A Russian medical text-book in the library of the doctor at Petropavlosk gave me the following information concerning typhus. It described three forms of the disease. (1) Typhus Abdominalis which is/

is evidently synonymous with typhoid fever.

(2) Typhus Exanthematicus - The typical disease described in English text-books.

(3) Typhus Golivi - Evidently denoting a cerebral type of the disease.

The following is a brief account of the few cases with which I came in contact -

Typhus Abdominalis

One morning three men, a father with two sons were brought into the consulting room. The father was evidently in a dying condition. The oldest son was desperately ill and the third man was able to give me a confused history to the effect that his mother and father had been taken ill about three weeks ago. His brother had been ill about twelve days and he himself was now feeling out of sorts. They had driven in 15 miles to hospital. On enquiring where the mother was he said she had died the day before. Judging from the cyanosed bloated appearance of the two sons I immediately suspected typhus and isolated the three of them in a small ward.

Case 1. Typhoid Fever of Meningeal type.

The father aged 45.

On admission - patient was in a state of low muttering delirium. He lay perfectly rigid with his/

his head drawn back. He was greatly emaciated and almost pulseless with a sub-normal temperature.

On examination -

Abdomen - Markedly scaphoid - no spots of any kind to be seen. The spleen was slightly enlarged.

Chest - Lungs shewed patches of consolidation throughout, suggesting pulmonary tuberculosis.

Nervous System - Kernigs sign was present.

This patient died shortly after admission. He looked remarkably like a case of tubercular meningitis but on examining the other two patients I decided to "hang my clothes on one peg" and call them all typhoid fever.

Case 2. Typhoid fever complicated with double lobar pneumonia.

Eldest brother aged 20.

On admission - semi comatose flushed face with dull heavy look and cyanosis of lips - respirations very shallow and rapid, temperature 104, pulse 130 - lips and tongue dry.

On examination -

Abdomen - Markedly distended and tender on palpation giving a tympanitic note on percussion. The spleen was enlarged.

Chest - Consolidation of right lung and upper lobe of left lung. Cardiac dilatation.

Urine/-

Urine - Albumen present in slight degree.

Course of Disease - Patient lived for four days. He suffered from frequent diarrhoea with typical greenish coloured stools. His breathing was very difficult and he had not strength enough to expectorate the phlegm. He ran a very intermittent temperature ranging from 101 degrees in the morning to 104 degrees at night. On the fourth day he died of heart failure.

Treatment - Dietetic - Albumen water, milk, and soda water.

Medicinal - Pituitrin, digitalein and oxygen - Colon lavage twice daily.

Case 3. Abortive Typhoid.

Younger brother aged 18.

Condition on admission - Temperature 101.

Slightly bloated appearance of face with dull lethargic expression.

On examination - Tongue coated.

Chest - Nothing abnormal detected.

Abdomen - No spots, no distension, slight tenderness on right side. Spleen slightly enlarged and tender.

Urine - Nothing abnormal detected.

Course of Disease - This patient was kept in hospital for a fortnight. On the second day after admission his pulse and temperature were normal and remained so. The motions were of slightly looser consistence than normal and a light brown in colour. He/

He stated he felt perfectly well and complained bitterly at being kept in bed on light diet. By the end of the fifth day he seemed perfectly normal in every respect. He was kept under observation for another week and then allowed to go home.

The same morning on which these cases were admitted to hospital I received a note from Madame S-Z-N-WF. the wife of an eminent Russian statesman who had recently arrived at her country estate 15 miles away to say that she had a temperature of 104 and a violent headache. As the peasants just admitted came from here estate I thought it possible that Madame S. had contracted typhoid fever, but her symptoms were different.

Case 4. Typhus Golovi -

Madame S. aged 48.

History - Suddenly taken ill with rigor and violent frontal headache.

Previous illnesses - Typhoid fever and pneumonia.

Present condition - Temperature 104, pulse rapid, marked cyanosis of face.

On examination - Heart - Myocarditis.

Lungs - Slight oedema both bases.

Abdomen - Slight splenic enlargement.

Urine - Trace of albumen.

Symptoms - Severe frontal headache, pains in limbs.

Course/

Course of Disease - Patient was very ill for three days with high fever, then the headaches became much milder and her temperature gradually dropped. She developed no more symptoms until the ninth day when she had another slight rise of temperature accompanied by thrombosis of the left femoral vein. The condition of the patient's heart was not improving and taking into consideration the possibility of an embolus from this new complication, I considered her to be in a very dangerous condition. As she stubbornly refused to allow me to communicate with her husband who being popularly thought to be absolutely loyal to England had been deprived of power and sent to the Caucasus, and as she had no one else in the house except two German lady's maids I refused to take the responsibility of the case any longer unless I could have a consultation with another doctor. This was granted on condition that my interpreter was not present at the consultation! Accordingly a Russian doctor was procured from 60 miles away. He went over the case thoroughly and then we adjourned to dinner and held a most amusing consultation, over the dinner table by means of violent gesticulations with hands, heads, knives and forks! The outcome of the consultation was that I gathered the doctor was at rather a loss to account for the fever - it might have/

been a mild case of typhus golovi or it might have been influenza, but he shook his head vigorously over the cardiac condition, and indicated that with such an advanced myocarditis at her age she might not recover and if she did so would probably only live a few months longer. He approved of the treatment she was getting (Strophanthus and Potassium Iodide), but suggested the addition of more stimulants and a valerian tonic. After this Madam S. made good progress and in the course of a few weeks was hobbling round the house with the aid of a stick against my orders. I never heard if she made a complete recovery as I left the country at this time in spite of her entreaties to accompany her to Petrograd as her private physician. This case was an interesting one from my point of view as Madame S. kept me well informed of the condition of affairs at the Russian Court and the true progress of the war, about which nothing but lies were circulated in Russian papers. On one occasion Madame S. read a letter from the Tsarina saying how thankful she was that her dear friend was in the hands of an English doctor because she loved England and had always a very soft spot in her heart for the English People. After the consultation about Madame S. the Russian doctor came/

came and spent a night at our hospital. He came round the wards with me and was extremely interested in everything. What struck him most was a septic wound which was being dressed with hot boracic fomentations. He said he had never seen them used before!

Case 2 - Typhus Golovi -

Patient was a man of 50 from the estate of Madame S.

History of illness - Patient had been "off colour" for a week complaining of headache and fever.

On examination - General condition temperature 102, pulse quick and weak. Whole of the appearance of the patient betokened great prostration and weakness.

Abdomen - Nothing abnormal detected.

Chest - Nothing abnormal detected.

Urine - Normal except for slight trace of albumen.

Symptoms - Headache, pains in limbs.

Course of Disease - Patient was brought to hospital. The headache became much worse, his tongue was coated and he would eat nothing, - then he became delirious and remained so for three days running a slight temperature but never above 102 degrees. After regaining consciousness his headache disappeared and he seemed much better although his pulse was weak. He made a very rapid convalescence and was out of hospital 8 days after admission.

I attended half-a-dozen other peasants from the same estate complaining of fever, weakness and headache with pains in the limbs, but their symptoms were not severe. I diagnosed these cases as probable influenza but the patients themselves volunteered the information that they were suffering from Typhus Golovi.

Typhus Exanthemata.

Case - Patient was a man of 50.

General condition - Bloated appearance, temperature 103 degrees, tongue very coated.

Abdomen - Showed well-marked mulberry rash.

He was isolated in a little wooden hut adjoining the hospital and a German orderly put on to nurse him. Unfortunately he went the way of several of my most interesting cases. His friends came in the night time and while the orderly slept they kidnapped him through the window.

Midwifery Cases.

The doctor was never called to attend a Midwifery case unless it was a very abnormal one. In the usual course of events the peasant women who wear no corsets and no tight clothing of any description are working in the fields when labour begins. . . They just go home give birth to the child and/

and then return to their work in the fields. The prevalence of abnormal midwifery was very small indeed, probably due partly to the fact that there were very few babies being born at this time as the men were nearly all away from home. In six months practice in this district I was only called to four cases of Eclampsia, six of retained placenta and one impacted transverse presentation. I cannot help thinking that there must necessarily have been a great many more abnormal midwifery cases and that the patients must have died or recovered without calling in external help. On two occasions I was called out to see babies which had been "born with two heads". On arrival on both occasions I found a large meningocele present - one baby lived ten days and the other one died on the third day. The observations I made from midwifery practice in this district were -

(1) That it is very harmful for women to wear tight clothing of any kind.

(2) That a healthy open-air life during pregnancy with a certain amount of exercise such as is entailed in swinging a scythe and picking up sheaves is not injurious to pregnancy and probably tends to produce an easy labour.

(3) That in cases of malpresentation if left alone nature/

nature will somehow effect a cure. This is demonstrated by the following case which does not reflect much credit on the obstetrician!

Case of Impacted transverse
presentation.

About 2 a.m. one morning I heard bells in the distance and my heart fell within me for I knew it would only be something dreadful that would bring a Tarantasse (a peasant gig) to the hospital at 2 a.m. The bells grew louder and louder and finally stopped at the hospital. A few minutes later a peasant poked his head in at my window and informed me that he had come from a village 40 miles away, that his wife had been in labour three days and the child was not yet born. I woke the Russian midwife and asked her to come with me. Half an hour later we started back with the man. This midnight drive was a rather terrifying one, as at one time we saw a dozen Tartars on horseback riding across the horizon in front of us evidently out for no good purpose. Later on we were attacked by four large wolf dogs which tried to get into the Tarantasse. I didn't know what was going to greet me at the end of the journey but nothing I imagined was as bad as the reality. On arrival I found a young Tartar woman walking about the hut fully dressed and apparently quite fit. To my amazement she/

she turned out to be the patient. On examination there was something protruding from the vulvar orifice. This protrusion was soft, flabby, black and nearly a foot in length. On closer inspection it was found to be the shoulder, part of the back and an arm of a child which was very swollen and evidently turning gangrenous. The uterus was firmly contracted over the child and in spite of her general appearance the patient's temperature was raised and her pulse somewhat rapid. We had no chloroform at the hospital at that time so had to manage without it. I put the patient lying on the wooden framework which served for a bed and tried to get my fingers into the orifice to find the neck of the infant but the parts were so tightly wedged together that there was not even room for one finger to get in between the vagina and shoulder of the child. I then in desperation tried to perform external version thinking that the child might be softened through putrefactive changes, but after working for an hour I decided the patient was no nearer delivery than when I started. Luckily she was extraordinarily good and did not mind what she suffered as long as something was done. Finally I decided that since the child was dead there could be no harm in amputating through the shoulder and taking away as much bone/

bone as possible. Taking a pair of blunt scissors I performed this operation in a primitive manner and succeeded in getting away the arm, scapula and clavicle. Then I tried external version again with no result and finally I decided to give both the patient and myself a rest for half-an-hour, and went outside to get a breath of air and some new inspiration. On returning I found to my immense relief that the patient had delivered herself by spontaneous evolution. She was rather weak and had a temperature of 103 degrees but she absolutely refused to face the drive up to the hospital, so I left her a bottle of quinine and told her to stay in bed. Two days later the husband came up to the hospital and told me his wife was quite well again so I presume she made a complete recovery.

Case 2. Retained Placenta.

After out-patients were finished one morning three peasants were waiting with their carts for the "Doctoritza" to take her to different villages. I started off with a Tchuvash peasant to the nearest call 10 miles away. I found a woman lying down very emaciated and weak, obviously in a dying condition. She was almost pulseless and had a temperature of 104 degrees. The interpreter could not speak Tchuvash but/

but we gathered that 10 days before the woman had given birth to a child, and the afterbirth had never come away. On examination the abdomen was found to be very distended and tender over the uterus. There was a very putrid stinking discharge coming from the vagina and masses of putrifying placenta were present. The abdomen showed evidence of general peritonitis which made it impossible to express the placenta. The woman was in such a weak condition that I decided to stimulate her before removing the placenta. However, a few minutes later she died and the placenta was never removed.

Case (3) - Retained Placenta. - A well developed young nursing woman walked into the outpatient department with the history that she had given birth to a child a week before and the placenta had never come away. She had an offensive discharge from the vagina and she seemed in a very excitable feverish condition - temperature 103, pulse 110. We took her into the septic theatre, put her under chloroform, removed the remains of the placenta from the vagina, gave a very hot intra-uterine douche. Next day the patient's temperature was still high though her general condition was better. I thought it advisable to give another intra-uterine douche but unfortunately this suggestion alarmed the patient so/

so much that she disappeared out of the window directly my back was turned. It was impossible to prevent this happening because there was six separate wards and only two sisters on day duty, and two on night duty and they could not possibly be everywhere at once. Besides it was sometime before they became used to the idea that patients who were acutely ill could go through the window. It was always a pre-arranged business between the patients and their friends who would come up in the night time with a cart and kidnap the patient.

Case (4) - Adherent Placenta - A Polish refugee walked into the out-patient department complaining she had given birth to a child three days previously and the afterbirth had not yet come away. I scrubbed up and removed a very adherent placenta from the uterus with the fingers of the right hand, gave the patient a dose of ergot and a bottle to take home. She walked away quite pleased. This was a common occurrence and none of these patients would dream of staying in the hospital a few days, but returned immediately to their work in the field.

Case (5) - Eclampsia with retained Placenta - One morning we awoke to find that the snow had melted leaving the hospital stranded in a sea of mud about a yard deep everywhere. We thought at last we should have/

have a complete holiday because nobody could get at us. Sure enough not a patient attempted to reach the hospital that morning, but in the early afternoon I saw a one-horse peasant cart toiling up through the mud. This was a peasant from a village 10 miles away to say that his wife had given birth to a child three days previously, since when she had been very ill and had been having fits. I did not relish the idea of being drowned in the mud. However I had to go so the matron came with me. It took us five hours to go ten miles. At one place the horse stuck in the mud altogether and it was only by dint of the three of us getting out and lifting the cart and wheels that the animal could progress. A little bit farther on the back pair of wheels came off and the horse, cart and front wheels proceeded on their way leaving the matron and me sitting in the mud. On finally arriving at our destination we found a pretty Tartar girl lying in bed. The mother informed us that during the last three days the girl had been very drowsy and had been having occasional fits. The child which was her first one was dead. The patient herself had a dull apathetic look and her tongue shewed evidence of having been badly bitten. The abdomen was distended and rather tender. I could not make out clearly what the distention was due to and passed a catheter to see if that would make matters easier.

I drew off about two pints of highly coloured urine and then to my amazement a mass appeared at the vulvar orifice and out came a huge placenta. By this time the abdominal distention had disappeared. The patient had no more fits and made a rapid recovery.

Case (6) - Eclampsia (At Isgara) - One afternoon at Isgara after returning from a long distance call I found the Feldtzer had been to a case of Eclampsia in my absence. He looked very pleased with himself and said the patient was quite better. On inquiring into the treatment given he informed me that he had given her 5 minim doses of camphor subcutaneously, every fifteen minutes until the fits subsided. The only reason I can think of for adopting this treatment is that camphor acts as a dilator of the blood-vessels of the skin, thus relieving internal congestion and lowering the blood pressure. Personally I should be inclined to think it might do more harm than good.

The following is a description of the scene that usually greets a doctor in this district when he is called to a case of Eclampsia. After a 10 miles sleigh drive I arrived at the patient's hut and on entering heard a great noise of wailing. In the middle of the room in a sitting posture with the hands supported on the knees was the corpse of a girl/

girl of 18 years of age stark naked. The room was full of relations all wailing loudly.

Relationship of the habits of the
Peasants to the prevalence of dis-
ease in Kazan Province.

Kazan Province is situated in the east and towards the centre of Russia. It covers an area of 24,587 square miles and is crossed by the Volga. The country is naturally very fertile and rich in minerals. Indeed it was once, perhaps, the most fertile in Europe. It has been said of Kazan Province and the surrounding country that "it ought to be the heart supplying rich blood to the arteries of the Empire. Man has made of it a festering sore." By rights it ought to yield not only abundant nourishment to its native population but millions and millions of tons of export of cereals. Yet we find the inhabitants of this district are amongst the most poverty stricken, ignorant, miserable specimens of humanity that the world can produce. Disease, famine and fire rage periodically through their villages/

villages and wipe them out by thousands. Many a time whilst driving through miles of beautiful waving wheat after a morning spent in the out-patient department amongst a mass of filthy disease-riddled humanity I have thought "and only man is vile". The soil in this district is black. It is the outskirts of the famous black earth belt and the chief constituents of the soil are alumina and silicious matter. I have sometimes wondered if the fact that wet soil is a favourite dressing for wounds amongst the peasants can be attributed to the action of alum in coagulating albumen thus forming a protective layer and to the action of silicates in arresting putrefaction of organic matter. Certain it is that comparatively few of the wounds dressed in this manner lead to serious consequences and never once did I come across a case of tetanus. Owing to the laziness of the peasants and their ignorance in agricultural matters the soil is beginning to show signs of serious exhaustion in valuable chemical properties, and the crops are becoming poorer each year. With the failure of the crops comes famine which has been only too common in the heart of Russia of late years. Towards the end of winter 1917 the peasants came up to the hospital by the hundreds with pinched starved faces all with the same story, "my stomach is hurting me". This want of food tends to make the peasant/

peasant lazy as he has no energy to work, and he knows that if he works he will become more hungry, so he goes home and the whole family hibernates like bears, trying to expend a minimum amount of energy in order to live on a minimum amount of food.

The inhabitants of Kazan Province are the Tcheremis, Tchuvash, Tartars and Mordvants. In our district the peasants were chiefly Tchuvash and Tartar with a sprinkling throughout of Polish refugees. The character of the peasants bears the mark of the cruel treatment meted out to them for generations past. They are absolutely uneducated though recently some of the villages boast of a small school where the children are taught to scratch on tin slates with stones. They are a simple, kindly, resigned, long-suffering people. They have no ambition to better their condition as they have always been kept under so much that it was impossible for them to try and now they have become lazy, demoralised and superstitious. Their religion also tends to keep them in this state as it ordains that on about 150 holy days each year the people shall do no work. These days are spent in drinking Vodka and dancing to the accompaniment of the Ballalika and Concertina. Can it be wondered at if the peasant has come to accept his fate as inevitable/

inevitable and merely drifts on from day to day becoming more and more demoralised and degenerate?

The villages in Kazan Province have usually a population of 2 to 3 thousand inhabitants but have sometimes as many as 20,000. The Tartars keep themselves quite separate from the Tchuvash. By religion they are Mohammedans and although they may live in the same village their portion is surrounded by a fence and they keep within their own precincts. I saw no evidence of them ever intermarrying with the Russians. The huts are made of wood and usually contain one room, $4\frac{1}{2}$ yards in length and breadth and $2\frac{1}{2}$ yards in height. Planks of wood are laid in at one side running parallel to the ceiling half a yard below it. This serves as a bed for the children. I never fathomed how they managed to get up there but always when I went into a hut in the evening there would be a row of little faces looking down at me. The baby was put in a square box hanging by a rope from a hook in the centre of the ceiling. It was carefully smothered in clothes preventing it from getting any air. In one corner of the cottage was a primitive range with a fire and an oven. The fire was kept burning by means of charcoal or wood inserted through an iron door which was usually kept shut to prevent/

prevent fumes from escaping into the room. It can well be imagined that by burning charcoal in a deficiency of oxygen in this manner carbon monoxide fumes would escape into the hut and be very injurious to the health of the inhabitants. Add to this the fact that living in this room there would be on an average 8 people, a sheep, pig, hens, goat and possibly a pony. There is no method of ventilation and if there is a window it is made of double panes of glass and is not made to open. The atmosphere in these huts was such, that often after a few breaths I would be forced to reel outside feeling horribly sick and giddy. There was no attempt at sanitation in these villages and all the refuse and filth accumulated in the mud of the street. Is it any wonder that epidemics of cholera, typhus, small-pox, diphtheria and other infectious diseases rage fiercely under such conditions? Is it any wonder that a very large proportion of the population is tainted with tuberculosis? The marvel is that anyone ever survives. Probably the open air life the peasants spend during the day in the fields is their salvation. I shall never forget one night which I was forced to spend in a Tartar cottage. I had driven thirty miles away from the hospital with a peasant woman/

woman to see a case. Dusk came on and the driver informed me he could not find his way back in the dark. My threats availed nothing and I reluctantly accepted the Tartar's invitation to spend the night in the cottage. It was a two-roomed house. The patient occupied the inner room and the other room was occupied by two Tartar men, the Russian driver, the women who brought me and seven little Tartar children. They insisted on feeding me and gave me the chair by the table on which stood the boiling samovar, a filthy dirty cup and saucer, a bit of paper with a few exceedingly grimy pieces of sugar and a loaf of bread with brown beetles running all over it. I was ravenously hungry so I cut the loaf in two and hacked a piece out of the centre. Then when the Tartar's back was turned I washed the cup in water from the samovar and poured out a cup of tea. I next inspected the sugar and on the plea that the lumps were too big cut off all the outside edges. I then proceeded to make an excellent meal! Having dined I was taken to lie down on some planks of wood in a corner with some cushions on them while the rest of the company lay on the floor. My bed was one seething mass of brown beetles and bugs so I spent a few miserable hours sitting on the edge of it feeling devoutly thankful that I was clothed in a long leather coat, knee-boots/

boots and three shawls round my head. The atmosphere was unspeakable and did not tend to improve as the night went on. The Tartars lay and snored and never stopped scratching, they seemed to do it mechanically in their sleep. I heard things like splashes of rain dropping on my leather coat and to increase my discomfort I discovered there were bugs falling from the ceiling. I felt I could stand it no longer so I escaped outside, gave myself a good shaking and settled down in the cart. It was bitterly cold, but vastly preferable to the hut. At the first glimmerings of dawn I awoke the driver and started for home. This night was only rivalled by one I spent in the house of Madame S. in the heart of the forest. It was bitterly cold as the heating apparatus was not working.

The jackals howled all night outside my bedroom window and I was alone in the house with Madame S. and her two German maids. The only human beings near us were 50 German prisoners sleeping in outhouses and working on the estate. The work of the peasants is almost entirely agricultural though a certain amount of peasant industries is still carried on in their homes. It is a question whether this continual working in the fields has anything to do with the spread/

spread of Trachoma by pollen. Personally I am inclined to think there must be some sense in this theory as Trachomatous patients invariably state that something went into their eye while working in the fields. The women help to bring in the harvest as well as the men and this fact is in great measure responsible for the tremendous spread of syphilis amongst the peasants of late years as during the summer months the men and big boys wander far afield to get work while the women go to estates nearer at hand and spend the nights herded together with men labourers in barns. Under these circumstances immoralities are encouraged by the landowners so that the peasants will be content to stay and work for them. The large amount of prolapsus uteri amongst the women may also be put down to the strenuous nature of their work in the field. Two hours after confinement the peasant woman returns to her work in the field. This can hardly be used as an argument against early rising in the puerperium as it is one thing to get up and sit about a house, while it is a totally different thing to get up, walk for miles and wield a scythe in a field for the rest of a day. With the exception of prolapsus uteri there was only a small proportion of gynaecological cases and they were mostly fibroid tumors. I did not come across one definite case of carcinoma of the uterus and I was never consulted/

consulted about dysmennorrhoea. This latter fact may possibly be due in part to the possession of healthy nervous systems. The Russian peasant does not worry about things even if he knows he is doomed to starve to death in a few days. He accepts it as his fate and goes on his way in the same leisurely manner. Such illnesses as neurasthenia and nervous breakdowns are unheard of. The food of the peasants consists chiefly of rye bread, beetroot and cabbage soup, potatoes, chickens, wild game, ham, fish, apples, sunflower seeds and cassia of all kinds. The rye bread is said to cause a good deal of ergot poisoning in this district though I never came across a case. Cassia which is eaten for breakfast and supper is a name applied to several different kinds of cereals and makes delicious nutritious dishes, sometimes resembling semolina, at other times oatmeal, porridge, or ground rice. The food as a whole was plain and nourishing. Cakes, pastries, chocolates etc. were unknown and so was indigestion. The digestions of the people seemed to be excellent. Perhaps this was due to the fact that they did not overeat and did not hurry over meals. At each meal a Russian drinks about 8 glasses of boiling tea fresh from the semovar. The tea is weak and has a slice of/

of lemon to flavour it. Other popular drinks are Vodka, which was not obtainable during the war, Quass, a spirituous liquor made from apples, and Cranberry wine. Vodka is a brandy made from potatoes which is supposed to be injurious to the health on account of the fusel oil which it contains. It is said to be largely responsible for the degeneration of the peasant. One remarkable fact about these people is that they possess extraordinary beautiful teeth. I was never called upon to do duty as a dentist except in the case of a very old person whose teeth were loose and who wanted them removed for fear of swallowing them. Such a thing as a tooth brush was unknown in this part of the world, nor had they any other method of cleaning their teeth. Perhaps the plain food and the absence of meat, and the continual drinking of boiling tea may account for the good condition of their teeth. The Tartar women ink their teeth black to make themselves beautiful. This also may act as a preservative. The influence of climate on the prevalence of disease is also well marked. In summer the heat is almost tropical and in these months we get epidemics very frequently, and in some districts malaria rages unchecked. In winter it is bitterly cold but dry and bracing, and there is a conspicuous/

conspicuous absence of diseases such as pneumonia, bronchitis and rheumatism, whilst frost-bite is fairly common. The latter disease is treated very successfully by the natives, by alternately rubbing the limb with snow and plunging it into boiling water.

Conclusion.

Whilst working amongst these Russian peasants I came to the following conclusion - that they were a rapidly degenerating race, both morally and physically, that in fact it would be difficult to imagine a much lower and more degraded state of civilisation. The peasant of Kazan Province shews a striking contrast to Russian peasants living under better conditions. Each generation shews a decrease in stature and in width of chest and hand in hand with this physical and moral degeneration we get deficiency in the mental faculties. These people shew no interest in life and have even ceased to brood over their wrongs. The expression on their faces is usually one of dull stupidity combined with hopeless despair. They ought to be by rights a very healthy sturdy race. The climate is really bracing, dry and healthy and nature provides an abundance of nourishing food, but man has deliberately refused to lend a hand to educate the peasants to utilise these gifts of nature to their/

their best advantage. In this 20th century while the world has been benefiting at large from the results of medical and surgical learning these poor peasants have, until quite recent years been forced to apply in case of illness to the wise woman of the village who works her charms upon them. It is only in fairly recent years that the Zemstvo has made an attempt to provide medical attention for these peasants, and at present, it is totally inadequate to meet their needs. It is equivalent to giving a single drop of water to a man dying from thirst. The life of a Zemstvo doctor is not an enviable one. He is given a starvation salary and is completely cut off from any society but that of the peasants. He never has any time to himself as he is expected to do the work of about 10 doctors and he is faced on all sides by the hopelessness of trying to work under the existing conditions. Is it any wonder that 10% of the Zemstvo doctors commit suicide, and of the remainder a large proportion die during the periodic epidemics?

The population of Kazan Province has been at a standstill of recent years although there has been a large increase in the number of babies born. This is accounted for by the tremendous infant mortality. It has been estimated that 50% of the babies born are/

are illegitimate, and that considerably over half of all the peasant children born in central Russia die at an early age. In taking into consideration the causes of this tremendous infant mortality the following facts should be borne in mind, the ignorance of the mother is a great factor in this loss of life. She has never been told, and evidently does not know instinctively, what things are necessary for the welfare of the child. As a rule she spends the day in the fields and the children are neglected until she comes home again. This female labour accounts for the fact that the babies in this district are seldom breast-fed. They are brought up on goats milk and a mush made from rye bread, and as milk is scarce the baby comes off badly and usually receives insufficient nourishment. If the baby dares to cry it is immediately soothed with a home-made decoction of crude opium which is found to be very effective. The environment of the child alone is enough to account for a large proportion of the infant mortality. There is not much chance of rearing such children in the poisonous atmosphere of those hovels with their overcrowding and insanitation. Add to these factors the hereditary taint of tuberculosis and syphilis which is usually the heritage of these unfortunate infants and the lack of medical aid in case of illness. Probably the most/

most potent factor of all is the diminution in parental affection. The mothers do not want the babies as they know they are only being brought into a world of misery. They cannot afford to feed themselves much less a family, consequently the arrival of a baby is looked upon as a curse, and if it dies so much the better, there is one mouth the less to be fed. It is an infinitely greater tragedy for a peasant to lose his horse because it is the breadwinner of the family whereas, a child is merely a luxury. This state of affairs could not last forever and it was with a feeling of thankfulness that onlookers watched the coming of the Russian revolution. The peasants have nothing left to lose. Their condition could not possibly be made worse than it was and the wealthy landowners have only themselves to blame if the human beings they have treated for generations past as beasts have at last turned against them with passionate hatred.
